Within corporate limits

2084

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02087 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: County Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 Sehley St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 218 Sehley St.

3. NAME OF DECEASED: (Type or Print) (First) Lina (Middle) (Last) Abrams

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH: March 1 1867 — 9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Pittsburgh Pa — 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Adolphe Abrams — 14. MOTHER'S MAIDEN NAME: Charlotine Fink

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: NONE — 17. INFORMANT & ADDRESS: Mrs Isaac Hirsch Cumb'd Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0
Immediate cause (a) Generalized Arteriosclerosis ?
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — Generalized

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) m. OF INJURY — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1954, to Mar 27, 1954, that I last saw the deceased alive on Mar 26 1954 and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
[signature] M.D. — Cumberland Md — 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal — DATE THEREOF 3/28/54 — NAME OF CEMETERY OR CREMATORY West View Cem — LOCATION (City, town, or county) Pittsburgh — (State) Pa

DATE REC'D BY LOCAL REGISTRAR March 27, 1954 — REGISTRAR'S SIGNATURE [signature] Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein, Doc — ADDRESS Cumberland Md.

RECEIVED
MAR 30 19
BUREAU V.

Within corporate limits

2085

D2088
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) I Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wiley Ford
STREET ADDRESS (If rural, give location) Wiley Ford, W.Va.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Peter (Last) Alkire

4. DATE OF DEATH (Month) March (Day) 4 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: Nov. 30-1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Odd jobs.

11. BIRTHPLACE (State or foreign country): Fort Ashby, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Alkire

14. MOTHER'S MAIDEN NAME: Clara M. Guex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 233-09-0285

17. INFORMANT & ADDRESS: Social Security office.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812 X

Immediate cause (a) Shock, Intrathoracic & intra-abdominal

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) hemorrhage due to crushed chest & pelvis.

DUE TO also had a fracture of right femur, right forearm, both

(c) clavicles, left ramus of inferior maxillary.

INTERVAL BETWEEN ONSET AND DEATH: sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY River Ave.

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY March 4/54 about 11.20 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Walking on road and hit by a car.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED March 5-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-9-54

NAME OF CEMETERY OR CREMATORY Alkire Estate Cem.

LOCATION (City, town, or county) (State) Near Patterson's Creek W. Va.

DATE REC'D BY LOCAL REG. March 8, 1954

REGISTRAR'S SIGNATURE Wroten K. Hartz, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 16 1954
BUREAU V. S.

2155

02089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; LENGTH OF STAY (in this place) 2 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shaw
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 First Street	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Washington	(Middle) Harrison	(Last) Barnard	4. DATE OF DEATH	(Month) March (Day) 9 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4 July 1886	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborere	10b. KIND OF BUSINESS OR INDUSTRY Paper Mill	11. BIRTHPLACE (State or foreign country) Bloomington, Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Otha Barnard	14. MOTHER'S MAIDEN NAME Martha Loar				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 236-12-4837	17. INFORMANT AND ADDRESS 111 ~~[illegible]~~ 1st St Mrs Ellen Barnard, Westernport, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Mar. 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE James H Wolverton Jr (Degree or title) MD ADDRESS Piedmont DATE SIGNED W. Va

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11 Mar 54	NAME OF CEMETERY OR CREMATORY Barnard Cemetery	LOCATION (City, town, or county) (State) Garrett Co., Maryland
DATE REC'D BY LOCAL REG. Mar 11, 1954	REGISTRAR'S SIGNATURE Mrs Jean C. Kelly	24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.

DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02090

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FLINTSTONE,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) Overton (Last) BARRET

4. DATE OF DEATH: (Month) MARCH (Day) 5 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: FEBRUARY 24, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Office Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Mutual of Balto.

11. BIRTHPLACE (State or foreign country): KENTUCKY, Catlesburg

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BARRET, ANDERSON LEE

14. MOTHER'S MAIDEN NAME: PENNINGTON, ALICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Pearl Barrett, Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X
Immediate cause (a) BRONCHOPNEUMONIA — Interval Between Onset and Death: 1 day

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Sciatic Syndrome — 2 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1954, to 3/5, 1954, that I last saw the deceased alive on 3/5, 1954, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
H Weisman M D Cumberland Maryland 3/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 8 1954 — NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG. March 8, 1954 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J Hafer, Cumberland Md.

WHITE PRESS INC. 2086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAR 16 1954
BUREAU V. S.

2164

02091
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nikep
LENGTH OF STAY (in this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Nikep
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) (Last) Bostjancic

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec. 26-1883

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining coal

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bostjancic

14. MOTHER'S MAIDEN NAME: Mary --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-2294

17. INFORMANT & ADDRESS: (wife) Emma Brown Bostjancic

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.2
Immediate cause (a) Acute cardiac failure — Interval Between Onset and Death: sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic myocarditis also had — about 10 years.
DUE TO
(c) Miners asthma — about 15 years.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.
DATE SIGNED: March 8-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March, 10. 1954
NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery.
LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG. 3-10-54
REGISTRAR'S SIGNATURE: Jeannette M Goad

24. FUNERAL DIRECTOR ADDRESS: George Eichhorn, Lonaconing, Md.

RECEIVED
MAR 24 1954
BUREAU V. S.

Write corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02092

CERTIFICATE OF DEATH

Reg. Dist. No. 4

208 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 7

LENGTH OF STAY (in this place) 61 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Cumberland

STREET ADDRESS (If rural, give location) Route 3, Ford Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Thomas	J.	Brant	March	6	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Dec. 7, 1894	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Building Construction	Cumberland, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John L. Brant	Mancie Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	214 05 8596	William Mower, Route 3, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Intracerebral Hemorrhage	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic alcoholism	
DUE TO		
	(c) Hypertensive Cardiovascular Renal Disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1954, to 3/6, 1954, that I last saw the deceased alive on 3/5, 1954, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE Geo. A. Levy Jr. (DEGREE OR TITLE) M.D. ADDRESS 426 N. Centre St. DATE SIGNED 3/6/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 8, 1954	Zion Memorial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 8, 1954	Walter R. Frantz, M.D.	William H. Kight,	Cumberland, Md.

VS. A15 8

RECEIVED
16 1974
BUREAU V. S.

Within corporate limits

2088

MARYLAND

02093

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DR. ROTH

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 28 QUEEN CITY PAVEMENT

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) SUSAN (Last) BUCKLEW

4. DATE OF DEATH (Month) MARCH (Day) 11, (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH JANUARY 31, 1874

9. AGE last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) MOOREFIELD, W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHNATHAN POPE

14. MOTHER'S MAIDEN NAME SARAH HALTERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral vascular accident

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 35 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1954, to March 11, 1954, that I last saw the deceased alive on March 10, 1954, and that death occurred at 1:54 A. m., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Roth (Degree or title) MD ADDRESS 202 Va Ave Cumberland Md DATE SIGNED 3/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 13, '54

NAME OF CEMETERY OR CREMATORY Pine Church Cemetery

LOCATION (City, town, or county) (State) Purgittsville, W.Va.

DATE REC'D BY LOCAL REG. March 13, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. A. JONES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4 02094

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND Md.
STREET ADDRESS (If rural give location) 411 WASHINGTON STREET

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) BURR

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 27 1907

9. AGE last birthday: ~~47~~ 46 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Electronic Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): ST. PAUL, MINNESOTA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: BURR, STYLES

14. MOTHER'S MAIDEN NAME: HUMBIRD, JANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 477-01-2847

17. INFORMANT & ADDRESS: Memorial Hospital Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 322.1 Delerium Tremens — Interval Between Onset And Death: 30 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Alcoholism — 13 Yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ....., 1953, to Mar. 16, 1954, that I last saw the deceased alive on Mar. 16, 1954, and that death occurred at 6:07 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Luther T. Bowles M.D. 63 Greene St. Mar. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/19/54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Cumberland | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR March 18, 1954 | REGISTRAR'S SIGNATURE Charles L. Mauk, M.D. | 24. FUNERAL DIRECTOR Louis Stein Inc. | ADDRESS Cumberland, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02695

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the name of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midlothian
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midlothian
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) J. (Last) Canning

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-8-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Clothes Corp.

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Canning

14. MOTHER'S MAIDEN NAME: Catherine Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-14-7778

17. INFORMANT & ADDRESS: John Canning, 114 Walnut St Grahamtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 Day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart disease — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1954, to 3/9, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 11:00 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis, M.D. ADDRESS Frostburg, Md DATE SIGNED 3/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-12-1954

NAME OF CEMETERY OR CREMATORY St. Michael's Cem.

LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-12-54

REGISTRAR'S SIGNATURE Mrs. Nancy V. Poe

24. FUNERAL DIRECTOR Jacob Hafer ADDRESS Frostburg, Md

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton — LENGTH OF STAY (in this place): 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Latrobe St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton
STREET ADDRESS (If rural, give location): Latrobe St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Patrick Edward Conroy
4. DATE OF DEATH (Month) (Day) (Year): March 30 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 9 Mar 1870
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster - Ret
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Timothy Conroy
14. MOTHER'S MAIDEN NAME: Margaret Logsdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Robert Dawson, Barton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	7 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	5 Years
	(c) Chronic Myocarditis	5 Years

592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1949, to Mar. 30, 1954, that I last saw the deceased alive on Mar. 29, 1954, and that death occurred at 12:20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul R Wilson M.D. — ADDRESS: Piedmont, W.Va. — DATE SIGNED: 2 Apr. 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-2-54
NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery
LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REG.: Apr 2, 1954
REGISTRAR'S SIGNATURE: Mrs Jean C Kelly
24. FUNERAL DIRECTOR: E. S. Bool — ADDRESS: Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Within corporate limits

2090

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland D 2
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 400 Virginia Avenue

3. NAME OF DECEASED (Type or Print): (First) Leo (Middle) Henry (Last) Conway

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-16-1910

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William G. Conway

14. MOTHER'S MAIDEN NAME: Isabelle V. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: 220-10-1779

17. INFORMANT AND ADDRESS: Mrs. Wm. G. Conway, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a): Coronary Thrombosis — Interval Between Onset and Death: Acute

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Chronic Myocarditis — 5 yrs.
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Jan. 14, 1954, that I last saw the deceased alive on Jan 13, 1954, and that death occurred at 7:20 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clay E. Burrett M.D. ADDRESS: Cumberland DATE SIGNED: 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-17-1954
NAME OF CEMETERY OR CREMATORY: SS: Peter & Paul
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 16, 1954
REGISTRAR'S SIGNATURE: Winter R. Beauty, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli
ADDRESS: Cumberland, Md.

RECEIVED

Write corporate [illegible]

2001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02098

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 Greene St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

STREET ADDRESS (If rural give location) 509 Greene St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Charles (Last) Cooper

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Hazelwood Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N Cooper

14. MOTHER'S MAIDEN NAME: Louanna Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) War I

16. SOCIAL SECURITY No.: 217-10-6810

17. INFORMANT & ADDRESS: Miss Mattie Cooper 509 Greene St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute myocardial failure — Interval Between Onset And Death: Instantly

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Ruptured Papillary muscle — 3 weeks

DUE TO (c) Myocardial Infarction. — 4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion — 4 months

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to March 21, 1954, that I last saw the deceased alive on March 16, 1954, and that death occurred at 8:00 am, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) Mr. 59 Greene St ADDRESS Cumberland Md DATE SIGNED 3/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar. 23 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR March 22, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 26 1971
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02099 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Rodert~~, Cumberland, Rural
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, ~~Cumberland~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Rural~~ Cumberland, ~~Maryland~~
STREET ADDRESS (If rural give location) Route 1, ~~Cumberland~~

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) M (Last) CUPLER

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 26, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Springfield., Vermont

12. CITIZEN OF WHAT COUNTRY? U. S. A/

13. FATHER'S NAME: Peter Meldrum

14. MOTHER'S MAIDEN NAME: Ella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edwin H, Cupler, Route 1, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 x

Immediate cause (a) Cancer of the lung (bronchogenic) — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1954, to 3-12-, 1954, that I last saw the deceased alive on 3-10-, 1954, and that death occurred at 9 45 PM, from the causes and on the date stated above.

SIGNATURE L Wrings (Degree or title) MD ADDRESS 57 Queen St DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 16, 1954 NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery LOCATION (City, town, or county) (State) Bradford, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR March 14, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, ADDRESS Maryland

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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 5

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rawlings

LENGTH OF STAY (in this place) 55 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rawlings

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) C. (Last) Dawson

4. DATE OF DEATH (Month) March (Day) 25 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH: March 27-1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rawlings, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Thrasher

14. MOTHER'S MAIDEN NAME: Eliza Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Coronary thrombous	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 3-14/54

19b. MAJOR FINDING OF OPERATION: Appendicitis and gangrenous cholecystitis with cholelithiasis

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED March 25-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF March 28, 1954

NAME OF CEMETERY OR CREMATORY Bierstown Cemetery

LOCATION (City, town, or county) (State) Rawlings, Maryland

DATE REC'D BY LOCAL REG March 26, 1954

REGISTRAR'S SIGNATURE M. G. Vannutz

24. FUNERAL DIRECTOR Charles L. George, Camberland, Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

Item 18 Film G164 4-9-54 ams

Within corporate limits

2092

02101

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02 — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 975 Williams Road	STREET ADDRESS (If rural, give location) 975 Williams Road

3. NAME OF DECEASED (Type or Print)	(First) Estella	(Middle) Florence	(Last) Dixon	4. DATE OF DEATH	(Month) 3	(Day) 26	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Dec. 28, 1898	9. AGE last birthday 55 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Ohiopyle, Penna.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Charles Williams	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 192-24-6059	17. INFORMANT AND ADDRESS Mrs. Lena V. Payne, Cumberland, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9

Immediate cause (a) Carcinomatosis — 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) primary site not determined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec., 1953 to Mar 26, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Dan E. Durrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 3/29/54

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3-29-1954	NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery	LOCATION (City, town, or county) Cumberland, Md. (State) (rural)
DATE REC'D BY LOCAL REG. March 29, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

Within corporate limits: A. JONES

2093

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02102

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 10 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPRING GAP

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) DU VALL

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: MAY 24, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Orchard Worker

10b. KIND OF BUSINESS OR INDUSTRY: Apple Orchards

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ANDREW DU VALL

14. MOTHER'S MAIDEN NAME: SARAH BUCHANAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: L. H. DuVall Spring Gap, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157X

Immediate cause (a) Carcinoma head of pancrea with

~~DUE TO~~

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) obstructive jaundice — 8 wks

~~DUE TO~~

(c) multiple liver abscesses — 8 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1954, to Mar. 16, 1954, that I last saw the deceased alive on Mar 16, 1954, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE Arthur F. Jones M.D. (Degree or title) ADDRESS 63 Greene St. DATE SIGNED Mar. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 19, 1954

NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery

LOCATION (City, town, or county) (State) Spring Gap, Md.

DATE REC'D BY LOCAL REGISTRAR March 19, 1954

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Wm. H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 2[illegible]
BUREAU V. S

Within corporate limits

2094

02103

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and OR TOWN: Cumberland
LENGTH OF STAY (in this place): MARYLAND 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Allegany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 215 Willowbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) Amy (Middle) Cornelia (Last) Elbin

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 4, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Hewitt Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Austin Hartsock

14. MOTHER'S MAIDEN NAME: Nancy Robinette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ada Hamburg - Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Adenocarcinoma - Caecum — Interval Between Onset and Death: 2 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Abdomenal carcinomatosis

(c) Intestinal Obstruction — 4 Da.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 18, 1954, to March 25, 1954, that I last saw the deceased alive on Mar. 25, 1954, and that death occurred at 2.00 A m., from the causes and on the date stated above.

SIGNATURE: J. Hallinan (Degree or title) MD — ADDRESS: 147 Bedford St. Cumberland Md. — DATE SIGNED: 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar 27, 1954

NAME OF CEMETERY OR CREMATORY: Pleasant Grove Meth

LOCATION (City, town, or county) (State): Near Cumberland Md

DATE REC'D BY LOCAL REG.: March 27, 1954

REGISTRAR'S SIGNATURE: Walter L. Hartz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland Md

Within corporate limits

2095

DR. WEISMAN

02104

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 36 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.	STREET ADDRESS (If rural, give location) 30 N. LIBERTY STREET

3. NAME OF DECEASED (Type or Print)	(First) NORA	(Middle) M.	(Last) ENGDOLL	4. DATE OF DEATH	(Month) March (Day) 23 (Year) 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH DEC. 24, 1889	9. AGE last birthday 64 yrs.	If under 1 year Months, Days; If under 24 hrs Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard operator	10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) HYNDMAN, PA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BART SMITH			14. MOTHER'S MAIDEN NAME AMANDA Brumbaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 215-20-6670	17. INFORMANT AND ADDRESS Mrs. John Cross Cumberland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral Embolus	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocardial Infarction	6 weeks
25 X	(c) Coronary Thrombosis	6 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	20 yrs
	Diabetes	20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to March 23, 1954, that I last saw the deceased alive on March 23, 1954, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Weisman MD	59 Greenest	Cumberland Md	3/25/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/26/54	NAME OF CEMETERY OR CREMATORY Hyndman Cemetery	LOCATION (City, town, or county) (State) Hyndman, Penna.
DATE REC'D BY LOCAL REG. March 26, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR H. Wayne George	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

2096 Within corporate limits: DR. MURRAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02105

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

C

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 1½ DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

STREET ADDRESS (If rural, give location) 222 ARCH STREET

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) Charles (Last) FORBECK

4. DATE OF DEATH: (Month) MARCH (Day) 4 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MARCH 3, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 1 IF UNDER 24 HRS.: Hours 12, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOSEPH F. FORBECK

14. MOTHER'S MAIDEN NAME: MARY ALICE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
762.5 Immediate cause	(a) Atelectasis Blung	36 hrs
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) 8½ month Prostatic	
	DUE TO	
	(c) Heart failure	24 hr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1954, to March 4 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] Cumberland Md March 5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 6, 1954

NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery

LOCATION (City, town, or county) (State) Near Cumberland, Md.

DATE REC'D BY LOCAL REG. March 6, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

2034301373

RECEIVED
MAR 9 1954
BUREAU V. S.

2169

02106
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Luke
LENGTH OF STAY (in this place) at work
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, [illegible] Pulp [illegible] Paper Co.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 113 Railroad St.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Francis (Last) Francis

4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 19 54

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): married **8. DATE OF BIRTH:** 12 Feb 1905 **9. AGE last birthday:** 49 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Truck Driver **10b. KIND OF BUSINESS OR INDUSTRY:** Paper Mill **11. BIRTHPLACE** (State or foreign country): Westernport, Md. **12. CITIZEN OF WHAT COUNTRY?** US

13. FATHER'S NAME: Joseph Francis **14. MOTHER'S MAIDEN NAME:** Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------- **16. SOCIAL SECURITY NO.:** 217-05-0784 **17. INFORMANT & ADDRESS:** Mrs Lul Francis, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 4.0.1 (a) DUE TO Coronary Occlusion due to — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Coronary Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDING OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1 [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 15 March | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) (State) Westernport Md

DATE REC'D BY LOCAL REG. March 16, 1954 | REGISTRAR'S SIGNATURE Mrs Jean C. Kelly | 24. FUNERAL DIRECTOR E. L. Bond, Westernport, Md ADDRESS

VS. A15A - 5 - 53

DR. JACOBSON

2097

MARYLAND

02107

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE 11X-2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) (Last) FRIEND SR.

4. DATE OF DEATH (Month) MARCH (Day) 21 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH SEPT. 22, 1899

9. AGE last birthday 54 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY U.S. Postoffice

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LESLIE E. FRIEND

14. MOTHER'S MAIDEN NAME IDA B. ~~GLOTFELTY~~ Glotfelty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I.

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a)	Acute Left Ventricular Failure	36 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocardial disease -	?
(c)	Coronary Artery disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	with Coronary Insufficiency	?

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1954, to 3/21, 1954, that I last saw the deceased alive on 3/21, 1954, and that death occurred at 10:00PM m., from the causes and on the date stated above.

SIGNATURE Charles Jacobson (Degree or title) ADDRESS 50 Pershing St Cumberland Md. DATE SIGNED 3/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE Mar 24-1954 NAME OF CEMETERY OR CREMATORY Friendsville Cem. LOCATION (City, town, or county) near Friendsville (State) Md

DATE REC'D BY LOCAL REG. March 22, 1954 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md

Wit[illegible] corporate 2008

DR. DURRETT MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02108

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural give location) 118 GRAND AVE.,

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) J. (Last) GANK
4. DATE OF DEATH: (Month) MARCH (Day) 15, (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB. 12 1871
9. AGE last birthday: ~~84~~ 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CONRAD GANK
14. MOTHER'S MAIDEN NAME: Anna Shaverline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: 705-09-7947
17. INFORMANT & ADDRESS: Mrs. Anna Gank, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage & Uremia — Interval Between Onset And Death: 3 wks.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) senilness

DUE TO

(c) Generalized Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Mar. 15, 1954, that I last saw the deceased alive on Mar. 15, 1954, and that death occurred at 2:04 PM, from the causes and on the date stated above.
SIGNATURE Clay E. Durrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 3-18-1954
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR March 16, 1954
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
BUREAU V. S.

Within corporate limits

MARYLAND

02109

STATE DEPARTMENT OF HEALTH

2099

M

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND
LENGTH OF STAY (in this place): 3/12/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Front Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Glen

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/17/1881

9. AGE last birthday: 73 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John Glen

14. MOTHER'S MAIDEN NAME: Annie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220- 10- 2380

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): 42.1 Coronary Thrombosis,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis,

(c) Senile arteriosclerosis,

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden, (b) ?, (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Hypostasis 15 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12 1954, to Mar. 21, 1954, that I last saw the deceased alive on Mar. 20, 1954 and that death occurred at 5:40a m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Bruce E. McKaig M.D.

ADDRESS: 49 Greene St.

DATE SIGNED: 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 23, 1954

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery.

LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG.: March 23, 1954

REGISTRAR'S SIGNATURE: Winston K. Swartz, M.D.

24. FUNERAL DIRECTOR: George Eichhorn, Lonaconing, Md

ADDRESS

2100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02110

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 108 Oak St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Irene (Last) Grimes
4. DATE OF DEATH: (Month) March (Day) 5, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Aug. 4, 1898	55 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook	School Cafeteria	Cumberland, Md	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Bear	Catherine Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	213-16-9345	Charles A. Grimes 108 Oak St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Multiple Subarachnoid Haemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 19 54, to Mar. 5, 19 54, that I last saw the deceased alive on Mar. 4, 19 54, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay R. Funk	M.D.	Cumberland	3/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-8-54	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7, 1954	Wilbert L. Lantz, M.D.	James F. Scarpelli	Cumberland, Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1954
BUREAU V. S.

2156

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02111

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 159 Bonney St

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Harris

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-20-1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Jeweler
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.
11. BIRTHPLACE (State or foreign country): Eckhart, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Harris
14. MOTHER'S MAIDEN NAME: Catherine Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.: 217-10-4467
17. INFORMANT & ADDRESS: Cumberland, Md. Wm. L. Nave, R-L. No 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

525 X

Immediate cause (a) Pulmonary Edema
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Fibrosis
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1954, to 3/7, 1954, that I last saw the deceased alive on 3/6, 1954, and that death occurred at 5:45 AM, from the causes and on the date stated above.
SIGNATURE John C Devers (Degree or title) MD ADDRESS 134 E Main Frostburg Md DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-10-1954
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REGISTRAR 3-10-54
REGISTRAR'S SIGNATURE Mrs Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

RECEIVED
MAR
BUREAU V. S.

Within corporate limits 2101

DR. JACOBSON MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02112

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 43 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 811 COLUMBIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) PHILLIP (Middle) A (Last) HAST.
4. DATE OF DEATH: (Month) MARCH (Day) 30 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT. 8, 1867
9. AGE last birthday: ~~84~~ 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gardener.
10b. KIND OF BUSINESS OR INDUSTRY: City of Cumberland
11. BIRTHPLACE (State or foreign country): PENN. (Chaneysville)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HAST
14. MOTHER'S MAIDEN NAME: MARGARET SEIGLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 501.0 (a) Hepatic Kidney Death. — 4 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cirrhosis of Liver (Biliary) ... — 43 days

~~DUE TO~~ (c) Myocardial Disease c̄ Decompensation — 4 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease — ? ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION (partial)
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1954 to 3/30, 1954, that I last saw the deceased alive on 3/29, 1954, and that death occurred at 8:07AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson ADDRESS 50 Pershing St DATE SIGNED 3/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 2, 1954
NAME OF CEMETERY OR CREMATORY St. Peters & Pauls Cem.
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR April 2, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A1

RECEIVED
APR
BUREAU V. S.

Within corporate limits

2102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02113

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 N. Centre St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
STREET ADDRESS (If rural give location) 604 N. Centre St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) John (Last) Hatton

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Printer-Newspaper

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Hatton

14. MOTHER'S MAIDEN NAME: Helen T. Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-6755

17. INFORMANT & ADDRESS: Helen Hatton Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 260X Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes Mellitus

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20 ..., 1952, to 3/2 ..., 1954, that I last saw the deceased alive on 3/1 ..., 1954, and that death occurred at 12:40PM, from the causes and on the date stated above.

SIGNATURE Leo N. Ley Jr. (Degree or title) M.D. ADDRESS 456 N. Centre St. DATE SIGNED 3/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 5, 1954 — NAME OF CEMETERY OR CREMATORY St. Patricks Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 4, 1954 — REGISTRAR'S SIGNATURE Wynton R. Frantz, M.D. — **24.** FUNERAL DIRECTOR Charles F. George ADDRESS Cumberland, Md.

RECEIVED
MAR 9 1954
BUREAU V. S.

DR. VAN ORMER

02114

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 21 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA VALE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) H, (Last) HEISKELL

4. DATE OF DEATH: (Month) MARCH (Day) 6 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: DEC. 18, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto-Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Heiskell Motor Sales. Co.

11. BIRTHPLACE (State or foreign country): ROMNEY, W.VA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: EDGAR S. HEISKELL

14. MOTHER'S MAIDEN NAME: Ella [redacted] Scanlon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-30-0548

17. INFORMANT & ADDRESS: Mrs. Marian Heiskell. La Vale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Myocardial Infarction	13 Feb. 54
Antecedent cause(s)	DUE TO (b)	Coronary Heart Disease	?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Hypertensive Heart Disease	3 years?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb. 1954, to 6 Mar. 1954, that I last saw the deceased alive on 6 Mar. 1954, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer (DEGREE OR TITLE) ADDRESS Cumberland, Md DATE SIGNED 8 Mar 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 9, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 9, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 3 1954
BUREAU V. S.

Within corporate limits

DR. W. F. WMS.

2104

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02115

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 22 BOONE STREET

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) M. (Last) HENSEL

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: OCTOBER 7, 1888
9. AGE last birthday: ~~64~~ 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Car Repairman RAILROADER
10b. KIND OF BUSINESS OR INDUSTRY: B. and O. R. R. Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENSEL
14. MOTHER'S MAIDEN NAME: ~~ANNA~~ SMITH, Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-05-8548
17. INFORMANT & ADDRESS: Memorial Hospital,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death 24 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 5 yrs
DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/10/52, 19 , to 3/1/54, 19 , that I last saw the deceased alive on 3/1/54, 19 , and that death occurred at 8:15 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. H. Williams M.D. ADDRESS Cumberland DATE SIGNED 3/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/5/54
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 3, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1954
BUREAU V. S.

Within corporate limits: 2165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02116

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland.
LENGTH OF STAY (in this place) 56 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 710 Elm Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Thomas Ira Hite
4. DATE OF DEATH: (Month) (Day) (Year) March 25 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 16, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired R.R. Laborer Shops
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edinburg Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Isaac R. Hite
14. MOTHER'S MAIDEN NAME: Rhoda Frances Miley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lillian P. Cornwell 710 Elm, St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.0

Immediate cause (a) Uremia — Interval Between Onset And Death 15 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Strangulated inguinal hernia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-4-54
19b. MAJOR FINDINGS OF OPERATION Strangulated inguinal hernia
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-54, 19 , to 3-25, 1954 that I last saw the deceased alive on March 24, 1954, and that death occurred at 1:15 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Cumberland Md DATE SIGNED 3-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY Hite Private Cemetery
LOCATION (City, town, or county) (State) Near Edinburg, Va.
DATE REC'D BY LOCAL REGISTRAR March 26, 1954
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Lee Silcox ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 30 19
BUREAU V. S.

Within corporate limits

2106

02117

STATE DEPARTMENT OF HEALTH

MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 406 South Street

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) E. (Last) Hunt

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 27, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Silver Plume, Col.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert H. Garrett

14. MOTHER'S MAIDEN NAME: Mary Jane Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. John W. Hunt, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a): Cerebral Hemorrhage & Uremia — Interval between onset and death: 12 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): senseness

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1954 to Mar. 10, 1954 that I last saw the deceased alive on Mar. 9, 1954 and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clay F. Garrett M.D. ADDRESS: Cumberland DATE SIGNED: 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE: 3-13-54

NAME OF CEMETERY OR CREMATORY: Davis Memorial

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 11, 1954

REGISTRAR'S SIGNATURE: Walter K. Tantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli, Cumberland, Md. ADDRESS

BUREAU V. S

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02118

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Union St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 230 Union St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) W. (Last) Inskeep

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: Feb. 28-1876

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Cake Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hotchkiss

14. MOTHER'S MAIDEN NAME: Marion Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (brother) Hugh Hotchkiss, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive heart disease	several years
DUE TO		
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED March 4-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 6, 1954 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REG. March 5, 1954 — REGISTRAR'S SIGNATURE Walter K. Hawk, M.D. — 24. FUNERAL DIRECTOR George Eichhorn, " — ADDRESS "

Eichhorn

RECEIVED
MAR 9
BUREAU V. S.

Item 9 film G 162 3/31/54 cm

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02119

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Maryland St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 91 Maryland St.

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) James (Last)

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-24 1877

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas James

14. MOTHER'S MAIDEN NAME: Esther Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-6827

17. INFORMANT & ADDRESS: Mrs Frederick James, 91 Maryland St Frostburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular

DUE TO

(c) Heart disease

Interval Between Onset And Death: (a) 10 days. (b) (c) years.

427.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30/1950, to 3/19/1954, that I last saw the deceased alive on 3/19/1954, and that death occurred at 6:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis, M.D. ADDRESS Frostburg, Md. DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried; DATE THEREOF 3-21-1954; NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park; LOCATION (City, town, or county) Frostburg; (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-21-54; REGISTRAR'S SIGNATURE Dr. Nancy N. Rice; 24. FUNERAL DIRECTOR Jarrett Hafer; ADDRESS Frostburg, Md.

RECEIVED
MAR 23 1954
BUREAU V. S.

Within corporate limits

2108

02120

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND LENGTH OF STAY (in this place): 12/9/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 811 Gephart Drive

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anne (Last) Keech

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8/15/1874

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas O'Neil

14. MOTHER'S MAIDEN NAME: Margaret Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). 430.1 Cerebral Hemorrhage — Interval Between Onset and Death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis — ?

(c) Chronic Myocarditis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Deterioration — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 29, 1954, that I last saw the deceased alive on Mar 29, 1954 and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McKeau M.D. ADDRESS 49 Greene St. DATE SIGNED 3-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 1, 1954 — NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 31, 1954 — REGISTRAR'S SIGNATURE: Wynta R. Mantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

Within corporate limits Johnson

2109

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02121

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 515 Memorial Avenue

3. NAME OF DECEASED: (Type or Print) (First) AMELIA (Middle) MERDITH (Last) KELLEY
4. DATE OF DEATH (Month) (Day) (Year) March 8, 1954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 20, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Beal
14. MOTHER'S MAIDEN NAME: Sarah Rice

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: James E. Kelley, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 153 X (a) Carcinoma of Cecum with generalized Metastases — Interval Between Onset And Death 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-2-54
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum with generalized abdominal Metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1953 to 3-8, 1954, that I last saw the deceased alive on 3-8, 1954 and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE Jos. L. Johnson (Degree or title) Jr. M.D. ADDRESS Cumberland Md DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 11, '54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 11, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

RECEIVED
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BUREAU V. S.

Within corporate limits

2110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02122

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is ■■pecially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 518 Marietta Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 518 Marietta Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Kemp

4. DATE OF DEATH: (Month) (Day) (Year) March 20, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: February 6 1865

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Buchs

14. MOTHER'S MAIDEN NAME: Catherine Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Frank Beier, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

491 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/54, 19..54, to 3/19, 19..54 that I last saw the deceased alive on 3/18, 19..54, and that death occurred at ..A..m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Charlotte B. Goodyear M.D. Cumberland Md 3/20/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 22 1954 — NAME OF CEMETERY OR CREMATORY: St. Peter & Pauls Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 21, 1954 — REGISTRAR'S SIGNATURE: Walter R. Frank, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
MAR
BUREAU V. S.

2170

02123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Mt. Savage
LENGTH OF STAY (in this place): 75 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Residence) Old Row

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location): Old Row

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Kirby

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1954

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** October 1 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger
10b. KIND OF BUSINESS OR INDUSTRY: Wall Paper
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Kirby
14. MOTHER'S MAIDEN NAME: Sarah Metz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Salome Kirby, Mt. Savage, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
491X Immediate cause	(a)	BRONCHO-PNEUMONIA	2 WEEKS
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	PULMONARY EDEMA	2 DAYS
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1954, to 3/9, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William E. Mosley M. D. Mount Savage Md. 3/10 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 11 1954
NAME OF CEMETERY OR CREMATORY: St. Lukes Cemetery
LOCATION (City, town, or county) (State): Cumberland Maryland.

DATE REC'D BY LOCAL REG.: 3-4-54
REGISTRAR'S SIGNATURE: Veronica McDermott
24. FUNERAL DIRECTOR: William H. Right ADDRESS: Cumberland, Md.

RECEIVED
MAR
BUREAU V. S.

Within corporate limits

02124
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■e is ■specially important. Physicians: plea■■ write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W. Va. COUNTY: Grant
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Landis, W. Va.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Warnie (Last) Layton

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 18, 1931

9. AGE last birthday: 23 yrs.

IF UNDER 1 YEAR: Months 0 Days 11 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Glen L. Martin Aircraft

11. BIRTHPLACE (State or foreign country): Grant Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Lee Layton

14. MOTHER'S MAIDEN NAME: Myrtle Alt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes Korean

16. SOCIAL SECURITY NO.: 234-44-6885

17. INFORMANT & ADDRESS: Mr. William L. Layton, Landis, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Shock, Hemathorax due to a complete fracture — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) of the 8th. dorsal vertebrae with tearing

DUE TO (c) and rupture of the aorta.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Auto accident, in W.Va.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: highway 55

21c. (City or town) near-Morefield, (County) Hardy Co. (State) W.Va.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: 3-29/54-1.30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Car hit a bank, swerved & hit another bank, lost control.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H.V. Deming M.D. — H.V. Deming M.D. M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 3-31-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 1/54

NAME OF CEMETERY OR CREMATORY: Lehmansville Cem.

LOCATION (City, town, or county) (State): Grant Co. W. Va.

DATE REC'D BY LOCAL REG.: March 31, 1954

REGISTRAR'S SIGNATURE: Dieter K. Frantz, M.D.

24. FUNERAL DIRECTOR: Earl E. Bush, Petersburg, W. Va.

ADDRESS

APR

WHITE COPY

2112

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02125

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~[illegible]~~ Lonaconing
STREET ADDRESS (If rural give location) ~~[illegible]~~

3. NAME OF DECEASED: (Type or Print) (First) JESSIE (Middle) (Last) LEE

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 2, 1892
9. AGE last birthday: ~~60~~ 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Keeper Richard Schwab Residence
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN RAE
14. MOTHER'S MAIDEN NAME: Jane ~~JEAN~~ ABBOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-30-0020
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c) Coronary Artery Disease, Myocardial disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Kidney Missing, Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mont., 1950, to 3/31, 1954, that I last saw the deceased alive on 3/31, 1954, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson MD
ADDRESS 50 Pershing St.
DATE SIGNED 4/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 4, 1954
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REGISTRAR April 2, 1954
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR George Eichhorn, "
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1 1
BUREAU V. S.

Write corporate limits

2113

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02126

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, 02
LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 Prince George St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, 02
STREET ADDRESS (If rural give location) 511 Prince George St.,

3. NAME OF DECEASED: (Type or Print) (First) Myers (Middle) George (Last) Light
4. DATE OF DEATH: (Month) March (Day) 24, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 26, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired machinist
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy.
11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: George W. Light
14. MOTHER'S MAIDEN NAME: Sarah Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Cumberland, Md. Mrs. Jeanette Light 511 Prince George St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis

DUE TO

(c)

Interval Between Onset And Death: Cent. 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1954, to Mar. 24, 1954, that I last saw the deceased alive on Mar 24, 1954, and that death occurred at 5:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Clark Durrett M.D. ADDRESS Cumberland DATE SIGNED 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REGISTRAR March 27, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1954
BUREAU V. C.

Within corporate limits

DR. R. WHS.

2114

02127

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 HR ½
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 22 A JANE FRAZIER VILLAGE

3. NAME OF DECEASED (Type or Print) (First) AMANDA (Middle) Mowery (Last) LONG

4. DATE OF DEATH (Month) MARCH (Day) 29 (Year) 54

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH JAN 9, 1873

9. AGE last birthday 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) PENN., Bedford County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH ~~COUGHNOUR~~ Coughenour

14. MOTHER'S MAIDEN NAME ~~DELLILA~~ Delilia Clites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure — 12 hrs

(c) Ravages of age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/54, 19, to 3/29/54, 19, that I last saw the deceased alive on 3/29/54, 19, and that death occurred at 12:30PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Williams M.D. ADDRESS Cumberland Md DATE SIGNED 3/30/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE April 1, 1954 NAME OF CEMETERY OR CREMATORY Hyndman Cemetery LOCATION (City, town, or county) Hyndman, Penna. (State)

DATE REC'D BY LOCAL REG. March 30, 1954 REGISTRAR'S SIGNATURE Wrntev R. Frantz, M.D. 24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

Within corporate limit

02128

2115 MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 31 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 436 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) K. (Last) Lyons
4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Mar. 10, 1877
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Bedford County, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Crable
14. MOTHER'S MAIDEN NAME Jennie May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-5323
17. INFORMANT AND ADDRESS Louis F. Lyons, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331X Uraemia — INTERVAL BETWEEN ONSET AND DEATH 3 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Haemorrhage c̄ 7 wks.

(c) Unconsciousness

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1954, to Mar. 8, 1954 that I last saw the deceased alive on Mar. 8, 1954 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE Clay Durrett, M.D. (Degree or title) ADDRESS Cumberland. DATE SIGNED 3/10/54

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 3-11-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 11, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. ADDRESS

Within corporate limits?

2116

02129

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 10/14/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 103 East Main Street

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) (Last) Matese

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 12/24/187[illegible]

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Italy (Town: ~~Sicily~~ Palermo)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Taormina

14. MOTHER'S MAIDEN NAME: Angela (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 592x Chronic Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General arteriosclerosis

(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Detioration

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) ? (c) ? ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1953 to Mar. 26 1954, that I last saw the deceased alive on Mar. 26 1954, and that death occurred at 5a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob E. DeLeau M.D. ADDRESS 49 Greene St DATE SIGNED 3-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE March 29 1954 NAME OF CEMETERY OR CREMATORY St. Michael's Cem. LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REG. March 29, 1954 REGISTRAR'S SIGNATURE Walter K. Frantz, M.D. 24. FUNERAL DIRECTOR Hurst Funeral Home ADDRESS "

2158

02130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Western port
LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kooken Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Western port, Md
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Joseph (Last) McAtee
4. DATE OF DEATH (Month) (Day) (Year) March 24 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 15 Aug 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist - Retired
10b. KIND OF BUSINESS OR INDUSTRY Navy Yard
11. BIRTHPLACE (State or foreign country) Western port, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John McAtee
14. MOTHER'S MAIDEN NAME Ella Craumer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Main St. Mrs George Sligers, Western port, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to Mar 24, 1954, that I last saw the deceased alive on Mar 23, 1954, and that death occurred at 8 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Reeves MD. ADDRESS Westernport, Md DATE SIGNED 3/25/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-26-54
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Western port, Md.

DATE REC'D BY LOCAL REG. Mar 26-54
REGISTRAR'S SIGNATURE Mrs Ivan C. Kelly
24. FUNERAL DIRECTOR ADDRESS E.S. Boel, Western port, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR
BUREAU V. S.

Write corporate item 2117

DR. ENFIELD MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02131

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. SAVAGE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) Grace (Last) MCKENZIE
4. DATE OF DEATH: (Month) MARCH (Day) 23 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MARCH 29, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): GLENCOE, PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BRUCE POORBAUGH
14. MOTHER'S MAIDEN NAME: ELLEN GLADWELL
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Elmer McKenzie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Diffusion
DUE TO Heart

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Post Operative
DUE TO Appendix
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/16/54
19b. MAJOR FINDINGS OF OPERATION: Acute Appendix
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1954, to March 23, 1954, that I last saw the deceased alive on March 23, 1954 and that death occurred at 10:10 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) S. Enfield ADDRESS DATE SIGNED 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-25-54
NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem
LOCATION (City, town, or county) Glencoe (State) Penna
DATE REC'D BY LOCAL REGISTRAR 3-24-54
REGISTRAR'S SIGNATURE Nina R Frantz, MD
24. FUNERAL DIRECTOR J R Durst, Frostburg, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 10 1954
BUREAU V. S.

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Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 3644

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Little Orelans Md
LENGTH OF STAY (in this place) 46 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Little Orleans Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sherman (Middle) (Last) Messersmith

4. DATE OF DEATH (Month) March (Day) 31 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: July26.1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Fulton County Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alick Messersmith
14. MOTHER'S MAIDEN NAME: Fabitha May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Ellis Messersmith (Son) Little Orleans Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
260X
Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic Nephritis, Also Head — ?
DUE TO
(c) Diabetts Mellitus — Several YRS.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — ?

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-31-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4.3.54
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Fairview Fulton Penna.

DATE REC'D BY LOCAL REG. 4-3-54
REGISTRAR'S SIGNATURE [signature] Mrs. Fay Duc
24. FUNERAL DIRECTOR Howard J Grove
ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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Within corporate limits

2118

MARYLAND

02132

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland - LENGTH OF STAY (in this place) June, 1948	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location) 87 Broadway

3. NAME OF DECEASED (Type or Print) (First) William (Middle) J. (Last) Mooney			4. DATE OF DEATH (Month) March (Day) 16, (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH ? ? 1863	9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Tailor	10b. KIND OF BUSINESS OR INDUSTRY Tailoring		11. BIRTHPLACE (State or foreign country) Nova Scotia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Andrew Mooney			14. MOTHER'S MAIDEN NAME Catherine Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Allegany County Infirmary Records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause (a)	Pulmonary Hypostasis	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis,	?
(c)	Cerebral arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Senile Deterioration.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 16, 1954, that I last saw the deceased alive on Mar. 16, 1954, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. McLean M. D. 49 Greene St. 3-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1954 March 18,	NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park	LOCATION (City, town, or county) (State) Frostburg, Maryland
DATE REC'D BY LOCAL REC. March 18, 1954	REGISTRAR'S SIGNATURE Walter R. Frantz M. D.	24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

2159

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02133

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg,
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 Beall's lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg,
STREET ADDRESS (If rural give location): 49 East Main Street

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Katherine (Last) Morley

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 22nd, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Sewing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Conrad Yungerman

14. MOTHER'S MAIDEN NAME: Margaret Schell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-18-1259

17. INFORMANT & ADDRESS: Wm. Morley, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — ±10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anasarca - face — ±4 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/53, to 3/14, 1954, that I last saw the deceased alive on 3/14, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank T. Harrat MD. ADDRESS: 59 E. Main St. Frostburg Md. DATE SIGNED: 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-17-54
NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park
LOCATION (City, town, or county): Frostburg, (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 3-17-54
REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: Joseph R. Durst. ADDRESS: Frostburg, Md.

VS. A15

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02134

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Pendleton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brushy Run
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Georgy (Middle) Michael (Last) Mowery

4. DATE OF DEATH: (Month) (Day) (Year) March 14 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 13, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months / Days 1 IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Brushy Run, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maurice Mowery
14. MOTHER'S MAIDEN NAME: Maxine Kile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Sacred Heart Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

7767

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1954, to Mar. 14, 1954, that I last saw the deceased alive on Mar. 13, 1954, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE R. A. Reiter, M.D. (DEGREE OR TITLE) ADDRESS 112 Bedford St. Cumberland Md. DATE SIGNED Mar. 15, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 15, 1954
NAME OF CEMETERY OR CREMATORY Mowery Family Cemetery
LOCATION (City, town, or county) Brushy Run, W. Va. (State)
DATE REC'D BY LOCAL REG. March 15, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Brown Funeral Home, Franklin, W. Va. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 10

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Mt.Savage
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN rural) Mt.Savage
STREET ADDRESS (If rural, give location) route #1

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) W. (Last) Mullooly

4. DATE OF DEATH (Month) March (Day) 30 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Oct.18-1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) retired coal miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal mining
11. BIRTHPLACE (State or foreign country): Zihlman,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Mullooly
14. MOTHER'S MAIDEN NAME: Bedelia Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: lost
17. INFORMANT & ADDRESS: (brother)Arthur Mullooly,Mt.Savage,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Generalized arteriosclerosis also had — INTERVAL BETWEEN ONSET AND DEATH: gradual

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma-right side of face,ear & part of — 15 yrs.

DUE TO

(c) scalp.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Miners asthma — about 20 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 3-30-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Mar. 31 '54
NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery
LOCATION (City, town, or county) Mt. Savage (State) Md.
DATE REC'D BY LOCAL REG. March 31
REGISTRAR'S SIGNATURE Vernon McDermott
24. FUNERAL DIRECTOR J.R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 1954
BUREAU V. S.

DR. VANORMER
MARYLAND

02136

STATE DEPARTMETT OF HEALTH

Within corporate limits:

2120

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 21 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. SAVAGE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle,) (Last) NEDER

4. DATE OF DEATH (Month) MARCH (Day) 7 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH OCT. 13, 1879

9. AGE last birthday 74 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY C&P Railroad

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOSEPH NEDER

14. MOTHER'S MAIDEN NAME MINNIE BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. 112-14-1517

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 428.1 Congestive Heart Failure — Interval between onset and death: 15 Feb 54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction — 14 Feb. 54

(c) Hypertensive Heart Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1953, to 7 Mar., 1954, that I last saw the deceased alive on 1 Mar., 1954, and that death occurred at 8:30PM m., from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 8 Mar. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE March 10, 1954

NAME OF CEMETERY OR CREMATORY St. George Episcopal

LOCATION (City, town, or county) (State) Cemetery, Mt. Savage, Md.

DATE REC'D BY LOCAL REG. March 9, 1954

REGISTRAR'S SIGNATURE Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS Harvey H. Zeigler, Hyndman, Pa.

MARGIN RESERVED FOR BINDING

Within corporate limits

2121

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02137

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY Allegany
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
   MARYLAND
   LENGTH OF STAY (in this place) 30 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Allegany
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
   STREET ADDRESS (If rural give location) 924 Gleenwood St.

3. NAME OF DECEASED: (Type or Print) (First) Kate (Middle) Laurence O'Brien (Last) O'Brien

4. DATE OF DEATH: (Month) 3- (Day) 11- (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: March 17, 1884

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Road Comm.

11. BIRTHPLACE (State or foreign country): Yonkers, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John ~~O'Brien~~ O'Brien

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs John Moats 924 Glenwood St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 mo yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Superficial Fractures of Left Ankle, Mid

19a. DATE OF OPERATION: 11

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1954 to March 11 1954 that I last saw the deceased alive on 3-11, 1954, and that death occurred at 6:05 PM from the causes and on the date stated above.

SIGNATURE James F. Scarpelli (Degree or title) ADDRESS 117 Cumberland Md DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-15-54

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR March 14, 1954

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

Scarpelli

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 62 W. Loo St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 62 W. Loo St.,

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) ORT

4. DATE OF DEATH: (Month) March (Day) 8, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	12-8-1876	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired merchant	Meat market	Maryland	USA

13. FATHER'S NAME: John Ort

14. MOTHER'S MAIDEN NAME: Ellen Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
?	212-10-6252	Mrs. W. E. Scoggan, Sarasota, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 10 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonianism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 ..., 19 54, to 3/8 ..., 19 54, that I last saw the deceased alive on 3/6 ..., 19 54, and that death occurred at 1215 PM, from the causes and on the date stated above.

SIGNATURE: John C Deren (Degree or title) M.D. ADDRESS: 134 E Main Frostburg, Md DATE SIGNED: 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-10-54	F'bg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 3-10-54 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

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BUREAU U. S.

2122

MARYLAND

02139

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 4/11/51	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) F.	(Last) Pardew	4. DATE OF DEATH	(Month) March (Day) 6 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 8/29/1862	9. AGE last birthday 91 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Bedford County, Pa.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME James L. Aaron		14. MOTHER'S MAIDEN NAME Jane (Unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Allegany County Infirmary Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a)	Pulmonary Hypostasis	48
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Myocarditis	?
(c)	General arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Deterioration	

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 6, 1954, that I last saw the deceased alive on Mar. 6, 1954, and that death occurred at 12.45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G. McLean M.D.		49 Greene St.	3-8-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 9 1954	NAME OF CEMETERY OR CREMATORY Church Cemetery	LOCATION (City, town, or county) (State) Chaneysville, Bedford, Penna.
DATE REC'D BY LOCAL REG. March 8, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md.	ADDRESS

Within corporate limit

2123

02140

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland
LENGTH OF STAY (in this place) 4yrs.5m0.8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 603 Cecil Street

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) (Last) Parker

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Mar 15 1906

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Parker

14. MOTHER'S MAIDEN NAME: Mae Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wm F Parker Jr, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic Myocardial degeneration — ?

DUE TO

(c) Hypertension. — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity, Marital Difficulty — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Mar. 28 1954, that I last saw the deceased alive on Mar. 27, 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E. McLean M.D. 49 Greene St. 3-29-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 31 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 30, 1954

REGISTRAR'S SIGNATURE Walter K. Trautz, M.D.

24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

RECEIVED
APR
BUREAU V. S.

Within corporate limits

2124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02141

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Allegany Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 500 Bedford St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Paul

4. DATE OF DEATH: (Month) (Day) (Year) March 26 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 16 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Painter
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Paul
14. MOTHER'S MAIDEN NAME: Margaret Minicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of [illegible]) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Annie Walton Cumberland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

540.1
Immediate cause (a) Chronic Myocardial Degeneration ?
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirrhosis Liver ?
DUE TO
(c) Perforating Gastric Ulcer = Hemorrhage 22 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia. ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1954 to Mar 26, 1954, that I last saw the deceased alive on Mar 26 1954, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (Degree or title) M.D. ADDRESS 49 Greene St. DATE SIGNED 3-26-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 28 54
NAME OF CEMETERY OR CREMATORY St Lukes Cemetery
LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR March 27, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02142

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing X
LENGTH OF STAY (in this place) 90yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
STREET ADDRESS (If rural give location) East Main Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) S (Last) Phillips

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan, 5, 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Florist

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Phillips

14. MOTHER'S MAIDEN NAME: Janet Ford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Arthur Phillips (Son)

18. MEDICAL CERTIFICATION LOnaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Congestive Heart Failure — Interval Between Onset And Death: 3-4 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Heart Disease — 57 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to 14 Mar, 1954, that I last saw the deceased alive on 19 Mar, 1954, and that death occurred at 12:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) George Richardson MD ADDRESS Lonaconing, Md DATE SIGNED 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March, 16, 1954 NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery. LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR 3-16-54 REGISTRAR'S SIGNATURE Jeannette M Boal

24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR
U. S.

Within corporate limits

2125

02143

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 545 Cromwell AVE

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Donaldson (Last) Phillips
4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/25/1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Donaldson
14. MOTHER'S MAIDEN NAME: Katherine Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Memorial Hospital - Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Cerebral embolism — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac mural thrombosis — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1953, to 3-30, 1954, that I last saw the deceased alive on 3-30, 1954, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE Ralph W. Baccini M.D. (Degree or title) 62 Greene St. ADDRESS Cumberland, Md DATE SIGNED 3-30-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal
DATE THEREOF 4/1/54
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Walkinsburg Pa.

DATE REC'D BY LOCAL REGISTRAR March 30, 1954
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5
BUREAU V. S.

Within corporate limits

212 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02144

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyndman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Stoudenour) (Last) Pierson

4. DATE OF DEATH: (Month) (Day) (Year) March 15, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 4, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework Home

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Stoudenour

14. MOTHER'S MAIDEN NAME: Mary Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ruth Sherman, Hyndman, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertensive Cardio-Vascular Disease — 6 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 54, to 3.15., 19 54, that I last saw the deceased alive on 3.15., 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE John A Topper (DEGREE OR TITLE) MD ADDRESS Hyndman Pa DATE SIGNED 3.18.54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: March 17, 1954 — NAME OF CEMETERY OR CREMATORY: Hyndman Cemetery — LOCATION (City, town, or county) (State): Hyndman, Pa.

DATE REC'D BY LOCAL REG. March 16, 1954 — REGISTRAR'S SIGNATURE: Walter L. Mantz, M.D.

24. FUNERAL DIRECTOR: Harvey H. Zeigler — ADDRESS: Hyndman, Pa.

RECEIVED
MAR
BUREAU V.

Within city corporate limits

02145

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 211 South St.

3. NAME OF DECEASED: (Type or Print) (First) Granville (Middle) Charles (Last) Pittman
4. DATE OF DEATH (Month) March (Day) 16 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Jan. 27-1898
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Great Cacapon, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace Pittman
14. MOTHER'S MAIDEN NAME: Estella Whisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-7324
17. INFORMANT & ADDRESS: (wife) Inez Bradley Pittman, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary thrombous	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Atheromatous sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED March 16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 19, 1954
NAME OF CEMETERY OR CREMATORY Fellcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland.

DATE REC'D BY LOCAL REG. March 17, 1954
REGISTRAR'S SIGNATURE Walter R. Beauty, M.D.
24. FUNERAL DIRECTOR James L. Scarpelli
ADDRESS " "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the name of death clearly and legibly.

VS. A15A - 5 - 53

2128 DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02146

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.
LENGTH OF STAY (in this place) 20 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRIENDSVILLE 11X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) J. (Last) PLASKETT
4. DATE OF DEATH: (Month) MARCH (Day) 20 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: MARCH 19, 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM PLASKETT
14. MOTHER'S MAIDEN NAME: GRACE FAUCETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetic Coma — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus — 33

~~DUE TO~~

(c) Lower Nephron Nephronis — 17 hours 3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete Anuria — 17 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1954, to 3/20, 1954, that I last saw the deceased alive on 3/19, 1954, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson Md. ADDRESS 50 Pershing St. Cumberland Md. DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 23, 1954
NAME OF CEMETERY OR CREMATORY Addison Cemetery
LOCATION (City, town, or county) Addison, Pennsylvania (State)
DATE REC'D BY LOCAL REGISTRAR March 22, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Harry B. Risheberger, ADDRESS Addison, Penna

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
BUREAU V. S.

2174

02147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Flintstone
LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Star Route

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural) Flintstone
STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED: (Type or Print) (First) Valaria (Middle) E. (Last) Poffenbarger

4. DATE OF DEATH (Month) March (Day) 29 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: Dec. 20-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Browning

14. MOTHER'S MAIDEN NAME: Louise Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (daughter) Minnie Hinton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval between onset and death: gradual

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic myocarditis also had — Interval between onset and death: several years.

DUE TO

(c) Arteriosclerosis — Interval between onset and death: ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED March 30-/54

23. BURIAL, CREMATION, REMOVAL (Specify): April 1. Burial

DATE THEREOF Apr. 1. 1954

NAME OF CEMETERY OR CREMATORY Fairview Christian

LOCATION (City, town, or county) (State) Bedford County, Pennsylvania

DATE REC'D BY LOCAL REG. March 31, 1954

REGISTRAR'S SIGNATURE Nina L. Bender.

24. FUNERAL DIRECTOR John J. Hafer

ADDRESS Cumberland Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

APR 5

02148

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 S.Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 408 S.Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Margaret (Last) Poole

4. DATE OF DEATH (Month) March (Day) 9 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH: April 14-1897
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Retired Cook
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Magnolia,W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William D.Robey
14. MOTHER'S MAIDEN NAME: ——— Youngblood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-24-2104
17. INFORMANT & ADDRESS: (daughter)Evelyn R.Snyder,Cumberland,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
42.1 Immediate cause	(a)	Acute cardiac failure	about 1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic myocarditis also had	several years.
	DUE TO (c)	Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy — 22 yrs.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V.Deming M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED March 10-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 12, 1954
NAME OF CEMETERY OR CREMATORY Rose Memorial Cem.
LOCATION (City, town, or county) (State) New Cumberland, Maryland
DATE REC'D BY LOCAL REG. March 11, 1954
REGISTRAR'S SIGNATURE Walter K. Kantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli
ADDRESS "

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

2130
Within corporate limit.

02149

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH COUNTY: Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 2/26/54	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary	STREET ADDRESS (If rural, give location): 431 South Street

3. NAME OF DECEASED (Type or Print)	(First) Lula	(Middle) A.	(Last) Pyles	4. DATE OF DEATH (Month) March (Day) 7, (Year) 1954
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH: 4/4/1896	9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Waitress	10b. KIND OF BUSINESS OR INDUSTRY: Restaurant	11. BIRTHPLACE (State or foreign country): West Virginia (Preston Co.)	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: David Charles Nine		14. MOTHER'S MAIDEN NAME: Mary Elizabeth Sanders		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 236-14-6624	17. INFORMANT AND ADDRESS: Allegany County Infirmary Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 X

Immediate cause (a) Hypostatic Congestion lungs. 1 wk.

Antecedent cause(s) (b) Metastatic Carcinoma left lung. 1 yr.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma left breast 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia. ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1954, to Mar. 7, 1954, that I last saw the deceased alive on Mar. 6, 1954, and that death occurred at 5.50 a. m., from the causes and on the date stated above.

SIGNATURE James G. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 3-8-54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: March 10 1954	NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery	LOCATION (City, town, or county) (State): Rowlesburg, Preston, W. Va.
DATE REC'D BY LOCAL REG.: March 8, 1954	REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR: Fike-Watson,	ADDRESS: Terra Alta, W. Va.

Within corporate limits RULEY

2131

02150

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST.VIRGINIA COUNTY MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (in this place) 3 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDGELEY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.	STREET ADDRESS (If rural, give location) 5 RIDGELEY ST.
3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) E (Last) REDMAN	4. DATE OF DEATH (Month) MARCH (Day) 9 (Year) 1954
5. SEX MALE — 6. COLOR OR RACE WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC.5. 1897 — 9. AGE last birthday 56 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Odd jobs	11. BIRTHPLACE (State or foreign country) WEST.VIRGINIA — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ARCH REDMAN	14. MOTHER'S MAIDEN NAME ANN Reel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. 236-14-6801	17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL,CUMBERLAND,MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Myocardial Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1954, to 3/9, 1954, that I last saw the deceased alive on 3/9, 1954, and that death occurred at 4:30PM m., from the causes and on the date stated above.

SIGNATURE Leo W. Levy Jr. (Degree or title) M.D. — ADDRESS 456 N. Centre St. — DATE SIGNED 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE March 11, 1954 — NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery — LOCATION (City, town, or county) Petersburg, West Virginia (State)

DATE REC'D BY LOCAL REG. March 9, 1954 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR P. E. Thrush, " " — ADDRESS "

MARGIN RESERVED FOR BINDING

M

I

Within corporate limits
2132

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02151

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 831. Columbia Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) G. (Last) Reynolds

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 4 1882

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Track Foreman

10b. KIND OF BUSINESS OR INDUSTRY: W.M. Railroad

11. BIRTHPLACE (State or foreign country): Rome Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rocci Renaldi

14. MOTHER'S MAIDEN NAME: Madeline (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-10-6979

17. INFORMANT & ADDRESS: George R. Reynolds, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	1443X	(a) Congestive heart failure.	2 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Hypertensive heart disease	3 years.
	DUE TO	(c) Hypertensive vascular disease.	??????

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Jan., 19.53., to 23 Mar., 19.54., that I last saw the deceased alive on 23 Mar., 19.54., and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Van Dine (DEGREE OR TITLE) — ADDRESS: 531 Louisiana Ave, Cumberland, Md. — DATE SIGNED: 3/25/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 27 1954 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: March 26 1954 — REGISTRAR'S SIGNATURE: Hunter R Grant, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, ADDRESS Md.

RECEIVED
MAR 3
BUREAU W.

Within corporate limit

2158

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02152

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, 02
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 527 Columbia Ave.,

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland, COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural give location) 527 Columbia Ave.,

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) HENRY (Last) RIEHL

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1954

5. SEX: Male

6 COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 4, 1888

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Pipefitter

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jacob Riehl

14. MOTHER'S MAIDEN NAME: Christine Greisman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edna Riehl 527 Columbia Ave., Cumb. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 420.1 (a) Coronary occlusion — 1 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 7 da.
DUE TO (c) none

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Cumberland Allegany Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20, 1954, to Mar. 25, 1954, that I last saw the deceased alive on Mar. 20, 1954, and that death occurred at 7:35AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James V. Hallinan M.D. ADDRESS 140 Bedford Street, Cumberland, Md. DATE SIGNED Mar. 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/28/54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 27, 1954 — REGISTRAR'S SIGNATURE Walter R. Stanley, M.D.

24. FUNERAL DIRECTOR — ADDRESS H. Wayne George Cumberland, Md.

VS. A15

RECEIVED
BUREAU V. S.

Inside corporate limits

2134

02153

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1101 Lafayette Avenue

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Carlton (Last) Riley
4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 19, 1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Magnolia, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James. H. S. Riley
14. MOTHER'S MAIDEN NAME Sarah E. Biggenstaff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. 705-09-8657
17. INFORMANT AND ADDRESS Mr. Gerald Riley, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 422.2 (a) Myocardial Failure — 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 5 yrs.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/52, 19, to 3/17/54, 19, that I last saw the deceased alive on 3/16/54, 19 and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE R H Williams (Degree or title) MD ADDRESS Cumberland Md DATE SIGNED 3/17/54

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 3-20-54
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. March 17, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

2161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02154

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) Centennial St Ex V.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Francis (Last) Robison
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-3-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Garrett Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Robison
14. MOTHER'S MAIDEN NAME: Fanny Blocher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-14-6827
17. INFORMANT & ADDRESS: Frostburg, Md. Melvin Robison, Centennial St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease c̄ Renal insuff. — Years.

DUE TO (c) Benign Prostatic Hypertrophy — Years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1952 to March, 1954, that I last saw the deceased alive on March 24, 1954, and that death occurred at 6 20 A.M., from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. (Degree or title) ADDRESS Frostburg, Md DATE SIGNED 3/25/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-26-1954
NAME OF CEMETERY OR CREMATORY Blocher Cemetery
LOCATION (City, town, or county) Frostburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3-26-54
REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR Jacob Hafer, ADDRESS Frostburg, Md

RECEIVED
MAR 29 1954
BUREAU V. S.

2135 Dr. Brings

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02155

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 340 Baltimore Avenue

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) WILHELMINA (Last) SELLERS

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 9, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Handel
14. MOTHER'S MAIDEN NAME: Christine Barnhart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Homer Sellers, Cumberland, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic heart disease — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerosis — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1953, to 3-15, 1954 that I last saw the deceased alive on 3-18, 1954, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 57 Greene St. DATE SIGNED 3-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 18, '54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 18, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
BUREAU V. S.

Within corporate limits

2136

02156

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Co. Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Cumberland Bowling Green R.F.D.#6
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jacob. (Middle) Russell (Last) Shearer

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: June 2, 1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Salseman
10b. KIND OF BUSINESS OR INDUSTRY: Great A&P.Tea Co.
11. BIRTHPLACE (State or foreign country): Grantsville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William John Shearer
14. MOTHER'S MAIDEN NAME: Thelma L.Glotfelty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY No.: 220-07-6510
17. INFORMANT & ADDRESS: (mother) Thelma L.G.McIlwee, Bowling Green Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
974X
Immediate cause (a) Asphyxia due to hanging.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH about 5 minutes.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Co Jail
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY March 23/54 5.40 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hung himself by attaching his coat to cell bars.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 23-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 26, 1954
NAME OF CEMETERY OR CREMATORY Grantsville Cemetery
LOCATION (City, town, or county) Grantsville, (State) Maryland
DATE REC'D BY LOCAL REG. March 26, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR Charles L. George, ADDRESS Cumberland, "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 30 1
BUREAU V.

Within corporate limits

02137

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02157

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, ?
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 N. Chase St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
STREET ADDRESS (If rural give location) 113 N. Chase St.,

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) GRACE (Last) SHERIDAN

4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 19, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John W. Heck

14. MOTHER'S MAIDEN NAME: Ellen Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. William P. Murphy 113 N. Chase St., Cumb. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis Thrugeal

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1954, to 3-13, 1954, that I last saw the deceased alive on 3-12, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. T. Johnson Jr. M.D. ADDRESS Cumberland Md. DATE SIGNED 3-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/17/54

NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR March 17, 1954

REGISTRAR'S SIGNATURE Winter R. Hantz M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1954
BUREAU V.

Within corporate limits 2138 DR. SCHINDLER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02158

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 67 MARION ST.

3. NAME OF DECEASED: (Type or Print) (First) FLOYD (Middle) W. (Last) SIMMONS

4. DATE OF DEATH: (Month) MAR. (Day) 31 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 14, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Foreman

10b. KIND OF BUSINESS OR INDUSTRY: W. M. Railroad

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILL SIMMONS

14. MOTHER'S MAIDEN NAME: SIMPSON (Susan)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Coma. — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia. — Interval Between Onset And Death: 4 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1953, to Mar. 31, 1954, that I last saw the deceased alive on Mar. 31, 1954, and that death occurred at 9:15 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) B. M. Schindler M.D. — ADDRESS 4 Irene St Cumberland Md. — DATE SIGNED 4/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 3, 1954 — NAME OF CEMETERY OR CREMATORY St. Luke's Luth. Cem. — LOCATION (City, town, or county) Cumberland, Md. — (State)

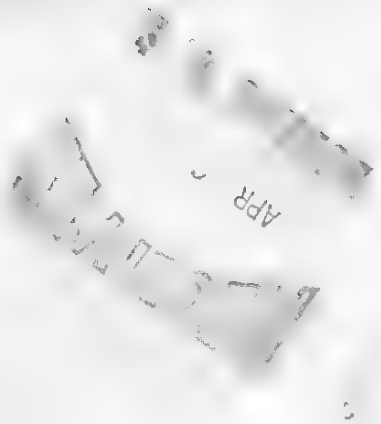
DATE REC'D BY LOCAL REGISTRAR April 3, 1954 — REGISTRAR'S SIGNATURE Walter K. Kranz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Within corporate limits DR. R. WILLIAMS

02159

2139

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, rural
STREET ADDRESS (If rural give location) RT. #2, Baltimore Pike

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) Lewis (Last) SIMON

4. DATE OF DEATH: (Month) MARCH (Day) 29 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: JUNE 17, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Business Agent
10b. KIND OF BUSINESS OR INDUSTRY: A.F.L. 568, Structural Steel Workers
11. BIRTHPLACE (State or foreign country): PENN. Pittsburgh
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL SIMON
14. MOTHER'S MAIDEN NAME: ~~EMELIA~~ Emma SCHENKEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-8907
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial Failure — 4 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17/53, 19.., to 3/29/54 19.., that I last saw the deceased alive on 3/29/54, and that death occurred at 3:07PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams M.D.
ADDRESS Cumberland
DATE SIGNED 3/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 1, 1954
NAME OF CEMETERY OR CREMATORY Hillcrest Cem
LOCATION (City, town, or county) Cumberland, (State) Maryland.
DATE REC'D BY LOCAL REGISTRAR March 30, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
APR
BUREAU V. S.

Within corporate limits

02160

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Mineral
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgeley
STREET ADDRESS (If rural give location) 28 Silver St.

3. NAME OF DECEASED: (Type or Print) (First) Wayne (Middle) Joseph (Last) Skidmore
4. DATE OF DEATH: (Month) Mar. (Day) 20, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-2-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Bridgeman
10b. KIND OF BUSINESS OR INDUSTRY: Railway
11. BIRTHPLACE (State or foreign country): Harbour Co. W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Felix Skidmore
14. MOTHER'S MAIDEN NAME: Mary Polling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-6107
17. INFORMANT & ADDRESS: Keith Skidmore Ridgeley, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion — Interval Between Onset And Death: 20 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 3 yrs.

DUE TO

(c) Generalized Arteriosclerosis — 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-1954 to 3-20, 1954, that I last saw the deceased alive on 3-20-1954, and that death occurred at 8.50 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Johnson Jr. M.D. ADDRESS Cumberland Md DATE SIGNED 3-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-23-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 23, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George - Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 19
BUREAU V. S.

2141 DR. ROTH

MARYLAND

02161

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 646 BAKER STREET

3. NAME OF DECEASED (Type or Print) (First) ALONZO (Middle) B (Last) SLIDER

4. DATE OF DEATH (Month) MARCH (Day) 3 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 27, 1879

9. AGE last birthday 74 yrs.

If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) MARYLAND Green Ridge, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME WILLIAM SLIDER

14. MOTHER'S MAIDEN NAME MARY TWIGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of) Spanish-American War

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Viola Slider 646 Baker St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 262 X Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis (c) Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH: 1 day; unk; unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1953, to Mar 3, 1954, that I last saw the deceased alive on Mar 3, 1954, and that death occurred at 9:55 P.m., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Lock, M.D. (Degree or title) ADDRESS 202 Va Ave Cumberland Md DATE SIGNED 3/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 3-6-54

NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 5, 1954

REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli

ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02162

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 192 N. Centee St.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 192 N. Centre, St

3 NAME OF DECEASED: (Type or Print) (First) ~~Smith~~ (Middle) Matilda Caroline (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: December/27/18~~66~~

9. AGE last birthday: 87 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Sweitzer, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William White

14. MOTHER'S MAIDEN NAME: Mary Bigler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Myrtle Slote 192 N. Centre, St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial Failure — 2 days

DUE TO (c) Degree of Age

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/53, 19..., to 3/27/54, 19..., that I last saw the deceased alive on 3/21/54, 19..., and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Williams M.D. ADDRESS Cumberland DATE SIGNED 3/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/30/54

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR March 29, 1954

REGISTRAR'S SIGNATURE Walter K. Hawk M.D.

24. FUNERAL DIRECTOR H. Lee Silcox ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR
BUREAU V. S.

Within corporate limits DR. FAW. 2143

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02163

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) MARYLAND 42 DA.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA VALE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) Kenneth (Last) SNYDER

4. DATE OF DEATH: (Month) MARCH (Day) 29 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: FEB. 16, 1889

9. AGE last birthday: ~~64~~ 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Agent

10b. KIND OF BUSINESS OR INDUSTRY: Monumental Life Insurance Co.

11. BIRTHPLACE (State or foreign country): MD., Boonesboro,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OTHO N. SNYDER

14. MOTHER'S MAIDEN NAME: ANNIE BRINING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 305-07-7052

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Hyperinsulinism secondary to carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) of the pancreas with metastasis

DUE TO (c)

Interval Between Onset And Death: At least one year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 17, 1954

19b. MAJOR FINDINGS OF OPERATION: Pancreatic tumour with metastases to the liver

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb, 1954, to MAR. 29, 1954, that I last saw the deceased alive on 3-29, 1954, and that death occurred at 12:40PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carlton Brimfield M.D. 5 Washington St. Cumberland Md 3-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 1, 1954 NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REGISTRAR March 30, 1954 REGISTRAR'S SIGNATURE Wintes K. Smith, M.D.

24. FUNERAL DIRECTOR William A. Kight ADDRESS Cumberland, Md.

VS. A15

Within corporate limits

02164

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 16yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 Cresap St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 47 Cresap St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Loretta (Last) Snyder

4. DATE OF DEATH (Month) March (Day) 18, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 31, 1868

9. AGE Last birthday 85 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) McKeesport, Penna.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William Zorn

14. MOTHER'S MAIDEN NAME Eleanor Dietrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Mary L. McDonald 47 Cresap St. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 332X Right Hemiplegia — Interval Between Onset and Death: 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left Cerebral Hemorrhage — 7 days

(c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1954, to Mar. 18, 1954, that I last saw the deceased alive on Mar. 18, 1954, and that death occurred at 9:25P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay E. Lumpff M.D. ADDRESS Cumberland DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mar. 22, 1954 | NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE RECD BY LOCAL REG. March 21, 1954 | REGISTRAR'S SIGNATURE Wirter R. Frantz, M.D.

24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W.Va.

MARGIN RESERVED FOR BINDING

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02165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Morgan
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Paw Paw
STREET ADDRESS (If rural, give location) P.O.Box 337

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) F. (Last) Spencer
4. DATE OF DEATH (Month) March (Day) 29 (Year) 1954

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: April 19-1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Washington
14. MOTHER'S MAIDEN NAME: Isadora Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Memorial Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

630.0

Immediate cause (a) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Anoxemia — a few minutes

DUE TO

(c) Acute pulmonary edema & obesity (marked)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Died while under anesthesia

19a. DATE OF OPERATION: March 29-1954
19b. MAJOR FINDING OF OPERATION: Relaxed perineum Chronic cervicitis, enlarged fibrous uterus, &
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Memorial Hospital-Cumberland, (County) Allegany (State) Md.
21c. (City or town)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 29-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 2, 1954
NAME OF CEMETERY OR CREMATORY Camp Hill Cemetery
LOCATION (City, town, or county) Paw Paw Morgan (State) W. Va.
DATE REC'D BY LOCAL REG. March 29, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz M. D.
24. FUNERAL DIRECTOR W. D. Parks, ADDRESS Berkeley Springs W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

02166

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Railroad St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 104 Railroad St.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Edward (Last) Springer

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Aug. 14-1910

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Luke Cleaners

11. BIRTHPLACE (State or foreign country): near-Davis, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward E. Springer

14. MOTHER'S MAIDEN NAME: Carrie Harr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-18-1401

17. INFORMANT & ADDRESS: (wife) Gladys Springer, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	sudden
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary sclerosis	3 years.
DUE TO			
	(c)		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. H. V. Deming M. D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED March 29-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-31-54

NAME OF CEMETERY OR CREMATORY Pikla Cemetery

LOCATION (City, town, or county) (State) Westernport Md.

DATE REC'D BY LOCAL REG. Mar 31, 1954

REGISTRAR'S SIGNATURE Mrs. Jean L. Kelly

24. FUNERAL DIRECTOR E. L. Beal ADDRESS Westernport, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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Within corporate limits

#2146

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02167

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 Boone St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 58 Boone St.

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Taschenberger

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 4, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Penna. Old Stanton

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Gilmore

14. MOTHER'S MAIDEN NAME: Annie Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hugo Taschenberger 58 Boone St., Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Acute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 1 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Mar. 11, 1954, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clark. Durrett M. D. ADDRESS Cumberland DATE SIGNED 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar. 13, 1954

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR March 13, 1954

REGISTRAR'S SIGNATURE Winter R. Frantz, M. D.

24. FUNERAL DIRECTOR Charles I. George ADDRESS Cumberland, Md.

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BUREAU V. S.

Within corporate limits

2147 MARYLAND DR. DURRETT

02168

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 1 DAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location) 618 MONTGOMERY AVENUE

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) N (Last) TRAVIS			4. DATE OF DEATH (Month) MARCH (Day) 16 (Year) 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH MARCH 8 1894	9. AGE last birthday 60 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic-retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) W.VA. -Grafton		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WM. RICHARD TRAVIS			14. MOTHER'S MAIDEN NAME KATHERINE SATTERFIELD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no, unknown) yes (If year, give war or dates of service) War I		16. SOCIAL SECURITY NO. 705-09-9997	17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUMBERLAND, MD.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
2.4 X Immediate cause (a)	chronic myocarditis	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Bronchial asthma	5 yrs
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1954, to Mar 16, 1954, that I last saw the deceased alive on Mar 16, 1954, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE Clay E. Durrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 3/16/54

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3-19-1954	NAME OF CEMETERY OR CREMATORY St. Mary's	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. March 16, 1954	REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

2175

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02169

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
LENGTH OF STAY (in this place) 56Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing
STREET ADDRESS (If rural give location) St. Marys Terrace

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Walters

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Oct, 25.1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: -Coal Mine
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Walters
14. MOTHER'S MAIDEN NAME: Rhodda Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John Walters (Son)

18. MEDICAL CERTIFICATION Lonaconing, Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

Immediate cause (a) Chronic Cardio-Vascular renal disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1954, to 3/31, 1954, that I last saw the deceased alive on 3/24, 1954, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) R W Reeves MD
ADDRESS Westernport Md
DATE SIGNED 4/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April, 3.1954
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery.
LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR 4-3-54
REGISTRAR'S SIGNATURE Jannette M. Boal
24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md.
ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

Within corporate limits

02148

02170

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Cumberland
STREET ADDRESS (If rural give location) Rd #3, Bedford Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lavinia (Middle) Rau (Last) Weber

4. DATE OF DEATH: (Month) (Day) (Year) March 25 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 18 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Allentown Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel A ~~Rau~~ Rau
14. MOTHER'S MAIDEN NAME: Amanda Young.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs Lewis Baldwin, Bedford Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
156.1
Immediate cause (a) malignancy of liver
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
260X (c)

Interval Between Onset And Death 1½ yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease diabetes, mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11, 1953, to 3/25, 1954, that I last saw the deceased alive on 3/25, 1954, and that death occurred at 6 15 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Elizabeth Kings M.D. ADDRESS 55 Greene Pl DATE SIGNED Cumberland 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal
DATE THEREOF 3/27/54
NAME OF CEMETERY OR CREMATORY West Side Cem.
LOCATION (City, town, or county) Sunbury, Northumberland (State) Pa
DATE REC'D BY LOCAL REGISTRAR March 26, 1954
REGISTRAR'S SIGNATURE Winter R Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc, ADDRESS Cumberland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU

Within corporate limits 14. Simons

02171

2149 MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryl and COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN C mberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Fifth Street	STREET ADDRESS (If rural, give location) 17 Fifth Street

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Marie	(Last) Whetzel	4. DATE OF DEATH	(Month) 3 (Day) 26 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 4-6-1897	9. AGE last birthday 56 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooming House	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Keyser, W. Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Anthony Whetzel			14. MOTHER'S MAIDEN NAME Jennie Hartmen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Mrs. Virginia Campbell, Cumberland		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1 Immediate cause (a) Coronary Occlusion — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 10 yrs

260x (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to 3/26, 1954, that I last saw the deceased alive on 3/24, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE George M Simons (Degree or title) M.D. ADDRESS Cumberland Md DATE SIGNED 3/28/54

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3-30-1954	NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. March 30, 1954	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md	ADDRESS

MARGIN RESERVED FOR BINDING

Within corporate limits

2150

02172

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 34 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Williams Street	STREET ADDRESS (If rural, give location) 515 Williams Street

3. NAME OF DECEASED (Type or Print)	(First) Augustine	(Middle) L.	(Last) Will	4. DATE OF DEATH	(Month) 3	(Day) 1	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9-12-1877	9. AGE last birthday 76 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor	10b. KIND OF BUSINESS OR INDUSTRY Bldg. Construction		11. BIRTHPLACE (State or foreign country) New Baltimore, Penna.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Will			14. MOTHER'S MAIDEN NAME Sarah Werner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. A. L. Will, Cumberland, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Adenocarcinoma of the stomach — 11 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abdominal carcinomatosis

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953, to March 1, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 5,25PM m., from the causes and on the date stated above.

SIGNATURE James P. Hallinan M.D. (Degree or title) ADDRESS 140 Bedford St., Cumberland, Maryland. DATE SIGNED 3-2-54

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 3-4-1954	NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. March 3, 1954	REGISTRAR'S SIGNATURE Arnold R. Frantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md	ADDRESS

MARGIN RESERVED FOR BINDING

Within corporate limits.

2151

02173

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 228 Emily St.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Elias (Last) Wilson Sr.

4. DATE OF DEATH (Month) (Day) (Year) March 16 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept.16-1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming-Own Farm

11. BIRTHPLACE (State or foreign country): Murley's Branch, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Wilson

14. MOTHER'S MAIDEN NAME: Maria Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: R.F.D.#3 Mason Road. (son) Willys Wilson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Uremia also had — INTERVAL BETWEEN ONSET AND DEATH: 14 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized arteriosclerosis — ?

DUE TO

903.8 (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Intertrochanteric fracture of right femur. — 14 days

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home

21c. (City or town) Cumberland (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY March 2/54 5.30 A. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Walking in the house became over balanced & fell to the floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED March 16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF March 19 1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem — LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REG. March 19, 1954 — REGISTRAR'S SIGNATURE Winter R. Hantz, M.D. — 24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Within corporate limits

2152

02174
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Cresap St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 70 Cresap St.

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) George (Last) Windemuth

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept. 7-1915
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Spinner
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Windemuth
14. MOTHER'S MAIDEN NAME: Loretta Hadra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-10-4012
17. INFORMANT & ADDRESS: (wife) Sylvia Everly Windemuth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 970X Intracranial hemorrhage due to a 22 caliber (sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) rifle bullet in center of forehead.
DUE TO
(c) Self inflicted.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Despondent

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cellar at home)
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) March (Day) 15 (Year) 1954 (Hour) about 2:30 PM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot himself with a 22 caliber rifle.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED March 15-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 18, 1954
NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery
LOCATION (City, town, or county) Cumberland, (State) Maryland
DATE REC'D BY LOCAL REG. March 16, 1954
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hofer, "
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

2176

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02175

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
LENGTH OF STAY (in this place) 38Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
STREET ADDRESS (If rural give location) M

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Trappe (Last) Winters

4. DATE OF DEATH: (Month) March, (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 15 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Ownhome

11. BIRTHPLACE (State or foreign country): Midlothian, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Trappe

14. MOTHER'S MAIDEN NAME: Mary Tighe

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Rose Wilt, Midland, Md. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 491X Bronchial Pneumonia DUE TO — Interval Between Onset And Death: 3 d.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis Hard Disease — 2-3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to 2 Mar., 1954, that I last saw the deceased alive on 2 Mar., 1954, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Lonaconing, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March, 5 1954
NAME OF CEMETERY OR CREMATORY Belvedere Cemetery
LOCATION (City, town, or county) Midland, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3-3-54
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR
AU V.

2153

DR. HODGES 7TH

MARYLAND

02176

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 2 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE XXXXXXXXX W. VA. COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) WITHERS

4. DATE OF DEATH (Month) MARCH (Day) 4 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH MARCH 4, 1954

9. AGE last birthday yrs. If under 1 year Months. Days. If under 24 hrs. Hours 2 Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME ROBERT G. WITHERS

14. MOTHER'S MAIDEN NAME RUTH WHETSTONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7615

Immediate cause (a) Premature — 22 wks

Antecedent cause(s) Premature rupture of membranes

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1954, to 3-4, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE W R Joyce Hodges, M.D. (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE March 5, 1954

NAME OF CEMETERY OR CREMATORY Memorial Hosp.

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE RECD BY LOCAL REG. March 5, 1954

REGISTRAR'S SIGNATURE Wintes K. Hantz, M.D.

24. FUNERAL DIRECTOR Memorial Hosp., "

ADDRESS

2034273220

02177
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Browning St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland Md. 02
STREET ADDRESS (If rural, give location) 10 Browning St.

3. NAME OF DECEASED: (Type or Print) (First) Delmar (Middle) C. (Last) Workman

4. DATE OF DEATH (Month) March (Day) 6 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 29, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired) Last work Retail Store

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence I. Workman

14. MOTHER'S MAIDEN NAME: Jennie Hensel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Lillian C. Compton 4 Browning St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D.

DATE SIGNED March 6-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 3-9-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cem

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. March 7, 1954

REGISTRAR'S SIGNATURE Wintes R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAR 16 1954
BUREAU V. S.

2163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02178

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg 22
STREET ADDRESS (If rural give location) 134 W. Main

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Emma Jane Yarnell

4. DATE OF DEATH: (Month) (Day) (Year) 3 26 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 21 - 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fisherstown, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus W. Fickes
14. MOTHER'S MAIDEN NAME: Emma Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: R. C. Yarnell 612 Chester Pike Norwood, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
174X Immediate cause	(a) Intestinal Carcinomatosis	8 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma of Uterus	25 yrs. ??
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Feb. 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Intestines
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to 3/26, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 7:25 P.M., from the causes and on the date stated above.
SIGNATURE Martin M. Rothstein (Degree or title) M.D. ADDRESS 48 Broadway - Frostburg DATE SIGNED 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-29-54
NAME OF CEMETERY OR CREMATORY Fisherstown Cem.
LOCATION (City, town, or county) (State) Fisherstown, Pa.
DATE REC'D BY LOCAL REGISTRAR 3-30-54
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1954
BUREAU V. S.